

Doc#: 0713549047 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 05/15/2007 01:33 PM Pg: 1 of 3

Deceased Joint Tenancy Affidavit

State of Illinois) ss:
County c. Cook)
Dorothy E. Klotz being duly sworn states that he/she resides at 515 Providence, Palatine, IL 60074.
That she was acquainted with William H. Klotz, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:
See Attached Legal Description
PIN: 02-14- 3 -009-0000
That the deceased died 9-21-54, as evidenced by a certified copy of death certificate of the deceased attached hereto.
That the deceased died:
Leaving no Last Will and Testament
Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of County, Illinois.
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$50,000.00 Dollars.
Subscribed and sworn to before me this 11th day of May, 200
Notary Public Dorothy E. Kloy
Notary Fubile Borothy E. Rity
"OFFICIAL SEAL" PUBLIC STATE OF CARL R MATTES LLINOIS COMMISSION EXPIRES 03/29/08

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UNOFFICIAL COPY

LEGAL DESCRIPTION:

LOT 73 IN PEBBLE CREEK, BEING A SUBDIVISION IN THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SECTION 14, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED ON SEPTEMBER 12, 1967 AS DOCUMENT NO. 20257976

MAIL TO AND

PREPAREND

BY

CARL MATTES

234 N. Plum Grove Road, Suite 100

Pelatine, Illinois 60067 J. Pik tine, Illin.

And contrect record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SEPTEMBER 23, 1994 DATE:

at Cook County Department of Public Health

SIGNED:

Official Title, Chief Deputy Registra

linois Department of Public Health—Division of Vital Records	LOCAL REGISTRAR'S SIGNATURE KAREN L' SCOIL) M.D. 26a. PREGISTRAR VR200 (Rev. 5/89)
FUNERAL DIRECTOR'S ILLINOIS LICENSE MUMBER 25c. 034-12032	FUNERAL DIRECTOR'S SIGNATURE 25b.
Funeral Home 185 E. Northwest Hwy. Palatine, IL 60067	25a Smith-Corcoran
St. Michael 24c. Palatine, Illinois 24d Se	REMOVAL (SPECIFY) 24a. BUT181 24b.
WIFOTHER THANCERTIFIER (TYPEOR PRINT) DEATH THE CORONER ON MEDICAL EXAMINER WIST BE NOTIFIED. CENTETERY OR CREMATORY_NAME I OCATION CITYORTOWN STATE DATE (MONTH, DAY, YEAR)	, O. J.
field Elk Grove Village, IL	22c. Dr. Bruce Bank
ILLIN.	NAME AND ADDRESS OF CERTIF
ATTHE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YE	I1.
MONING CYPEAR) WAS COMONIER OR MEDICAL HOUR OF DEATH EXAMINER NOTHED? (YESNO) 21c. 9.41	I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
JOH FINDINGS OF THE RATION	20a.
7 Cause given in PART I. (YES/W) 19a.)	PART II. Other significant conditions contributing to death but not resulting in the u
	WHICH GIVE RISE TO MAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(a) End Stage renal Cancer	~~~
Enter the diseases, or complications that caused the death. Do not entry the mody of dying, such as cardiac or respiratory arrest, approximate in the mody of dying, such as cardiac or respiratory arrest, approximate in the entertainment of the state of	• Jor
RELATIONSHIP MAILING AT DESS (STREET AND NO. OR R. F.D., CITY OR TOWN	INFORMANT'S NAME (TYPE OR PRINT)
illiar	FATHER- <i>NAME</i> FRST 15. William
067 INDIAN 800/(SPECIFY) 148 White 14b XINO II TES SPECIFY:	STATE ZIP CODE 60 13e.
13b. Palatine	15 Providenc
T NO. INS DEC, TY COUNTY	RESIDENCE (STREET AND NUMBER)
AL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SE TOR YOU LY MIGHEST GRADEC COMPAGE (1-10) Equipment LEGUIPMENT COMPAGE (1-10) LEGUIPMENT COMPA	352-05-9769
MARRIED, NEVER MARRIED, NAME OF SURVIVING SPOUSE (MADENNAME, IF WIFE) MARRIED, NEVER MARRIED, NAME OF SURVIVING SPOUSE (MADENNAME, IF WIFE) MIDOWED, DIVORCED (SPECIFY) MIDOWED, DIVORCED (SPECIFY) AND DIVORCES (YESNO) ST. DON'THOUGH SP. DON'T	6a. Palatine BIRTHPLACE (CITYANDSTATEOR FOREIGN COUNTRY) 7 Chicago II
HOSPITAL OR OTHER INSTITUTION N	4. COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
William H. Klotz 2. Male 3. September 21,1994 —— REPRESENTATION OF THE PROPERTY OF THE PROPER	1. W
FIRST MIDDLE LAST SEX DATEOFDEATH (MONTH, DAY, YEAR)	NUMBER DECEASED-NAME
MEDICAL CERTIFICATE OF DEATH	DISTRICT NO. / O. C
STATE OF ILLINOIS STATE FILE NIMBER	REGISTRATION //)